L.O.D. - YES

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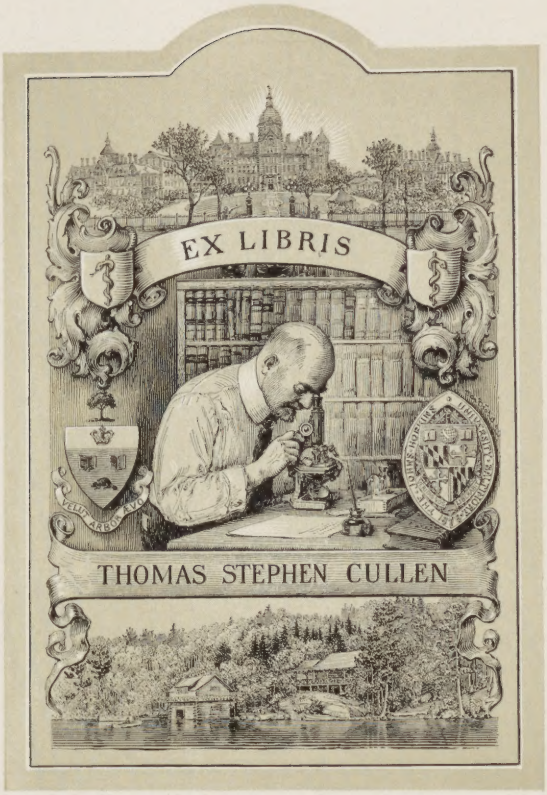

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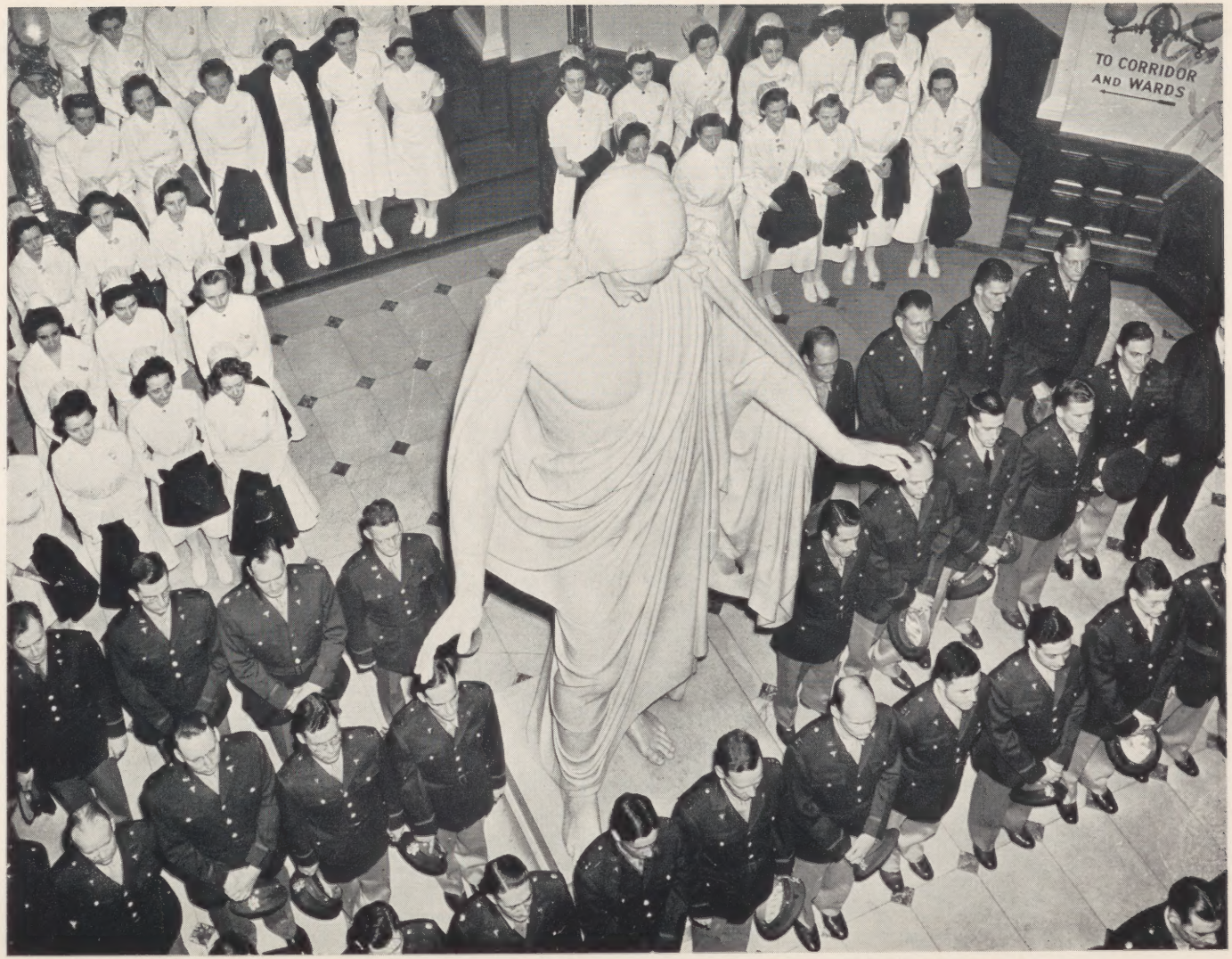

Medical Officers and Nurses of the 18th and 118th General Hospitals gather at The Statue at The Johns Hopkins Hospital prior to their departure on active military duty, 20 April 1942

Photo, Courtesy of The Baltimore News-Post

L.O.D.- YES

AN ODYSSEY OF THE ARMY'S 18th GENERAL HOSPITAL

BY

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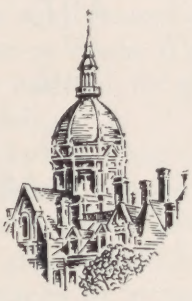


Reprinted from

THE JOHNS HOPKINS ALUMNI MAGAZINE

VOLUME XXXVI NO. 1, 2, & 3

NOVEMBER 1947, JANUARY 1948 AND MARCH 1948

Preface

THIS IS A NARRATIVE of an affiliated unit of The Johns Hopkins Hospital, the 18th General Hospital, Army of the United States, from April 1942 to March 1945. Primarily it is written as a memoir for members of the outfit, secondarily for others that they may have some conception of the environment and the experiences of the three years' overseas service in World War II. Reference to individuals has been purposely omitted, for all contributed to the usefulness and welfare of the Unit.

The printed matter and some of the cuts of this volume are reprinted from The Johns Hopkins Alumni Magazine for November 1947, January 1948 and March 1948, Volume XXXVI, Numbers 1, 2 and 3. Several pages of photographs have been added. Unless otherwise noted, all photographs are by the author. The reprinting and distribution of this historical record have been made possible through funds generously subscribed by friends of The Johns Hopkins Hospital.

R. C. T.

December, 1948
Baltimore, Maryland

Part I

OVERSEAS ASSIGNMENT

IN EARLY 1942 the 18th General Hospital, an affiliated unit of The Johns Hopkins Hospital, was given an assignment for duty in the South Pacific area of the Asiatic Pacific Theatre of Operations. The Fiji Islands, New Caledonia, The New Hebrides, Tonga and Samoa were the advance outposts, which, with New Zealand, constituted the South Pacific Command, initially under Vice-Admiral Robert L. Ghormley, U.S.N., later under Admiral William F. Halsey. These island bases were essential to any projected campaign of offense and the loss of any one of them would have been a telling blow in lengthening the war with Japan. From a study of the Japanese island to island tactics, it was anticipated that the enemy strategy would call for a pincer movement to converge at the Fiji Islands. One arm of the pincers would likely advance from the Carolines, the Solomons, the New Hebrides; the other would extend from the Marshalls, the Gilberts and the Ellice Islands. Possession of Fiji would give the Japanese a favorable position from which to interrupt sea and air shipping lanes to Australia and New Zealand, as well as to provide a springboard from which further southward advance could emanate. The magnificent harbor at Suva, the virtual "Crossroads of the Pacific", and the newly constructed air base at Nandi, on western Viti Levu, were situations the importance of which cannot be overestimated. At first the de-

The author (right) with Colonel George G. Finney, first Chief of the Surgical Service, later Commanding Officer

fense of Fiji rested on less than a division of New Zealand troops and a few battalions of natives, recently recruited. The American Task Force #6429 was due to replace the New Zealanders on Fiji.

The main component of Task Force #6429 was the 37th Division, The National Guard from Ohio, commanded by Major General Robert S. Beightler. The auxiliary members included many specialized combat teams and medical units, specifically the 71st Station Hospital, the 142nd General Hospital and the 18th General Hospital. The 112th Medical Battalion was a part of the 37th Division.

San Francisco was the staging area of Task Force #6429, as well as its Port of Embarkation. At San Francisco, on May 10, 1942, the 18th General Hospital actually first came under the command of General Beightler. Prior to this, however, it had existed for about two years. In World War I, The Johns Hopkins Hospital had organized Base Hospital No. 18, which sailed to France with the first American Expeditionary Force. A re-birth of another affiliated unit to perpetuate the tradition of Base No. 18 followed a communication of March 11, 1940 from The Office of The Surgeon General of the Army requesting The Johns Hopkins Hospital to sponsor a general hospital of 1000 bed capacity, in the event that war should engage the United States. The object of the affiliated units was to provide care of battle casualties. Officer and nurse personnel volunteered to staff the Unit and were commissioned in the Medical Reserve Corps, though the 18th General Hospital remained on inactive status and the civilian duties of its members were not in any way disturbed. Activation of affiliated units began after Pearl Harbor. Soon it became known that the War Department considered large fixed hospitals tactically unwieldly and threatened to subdivide many affiliated units, having already split the 5th General Hospital from Harvard. In order to prevent involuntary division and questionable future assignment of qualified professional personnel, an offer was made simultaneously by The Johns Hopkins Hospital and The University of Maryland School of Medicine to staff two smaller affiliated units to replace the one organized on the basis of 1,000 beds, if the best interests of the war effort could be served in this way. By the immediate acceptance of the proposal by The Surgeon General the 118th General Hospital and the 142nd General Hospital were created and the four affiliated units (18th, 118th, 42nd and the 142nd General Hospitals) each of 500 bed capacity, received an "alert" on April 10, 1942, only three days after the offer had been submitted. Orders to report for active duty were forthcoming immediately. A division of the professional staff of the original unit was made so that the two new organizations would be balanced in their medical composition, particularly in the specialties, and filler replacements were added to bring the two outfits to prescribed strength.[1] Lieutenant Colonel Amos R. Koontz, M.C., would assume command of the 18th General Hospital upon its activation.

Monday, April 20, 1942, was unseasonably cold and rainy, but despite this

[1] The roster of the two Hopkins units appears in The Johns Hopkins Alumni Magazine June 1942 and in the Bulletin of The Johns Hopkins Hospital August 1942.

Queen Street, Auckland, New Zealand

Photo, Courtesy of The N.Z. Herald

Aerial View of Camp Papakura, 19 miles south of Auckland

Photo by R.N.Z.A.F.

a sizeable crowd of friends and relatives gathered at Pennsylvania Station for good-bye to the 18th General Hospital, bound for Fort Jackson, South Carolina. The ten days between the alert and the activation were hectic ones, crowded with the release of civilian responsibilities and with a series of farewell parties. At a reception by the Board of Trustees and the Women's Auxiliary Board of The Johns Hopkins Hospital, the units were presented with colors and atlases by Base Hospital 18 of World War I, and a sum of $5,000 to each unit by friends of the hospital, which sum was labelled for use of the unit in any way and at any time, anywhere, for the comfort, pleasure or efficiency of the outfit as a whole.

The stay at Fort Jackson promised to be a short one. Almost immediately after arrival the general direction of the overseas travel was made known by the posting of a directive giving the address "18th General Hospital, c/o Postmaster, APO # 37, San Francisco, California." Beyond this there were only obscurity and rumor. All orders were secret. The outfit was admonished to remove all addresses and other identifying marks from their belongings. Personal luggage was limited in weight. Cameras and radios were forbidden. All equipment would bear only a code mark, 6429 EE. The unit's flags were ordered to be returned to The Johns Hopkins Hospital. The atlases, so beautifully marked "18th General Hospital", were deleted of this inscription by cutting of a block from the binding. In the event of capture by the enemy, personnel were instructed to give only their name, rank and Army serial number. At no time was any intimation to be made to anyone that might give a clue to the nature or strength of the outfit, its origin or its destination.

Two weeks at Fort Jackson and two weeks at San Francisco were devoted to the acquisition of enlisted personnel and equipment, to acclimatization to Army routine, to immunizations, and to the repetitious filling out of multitudinous blanks. On Sunday, May 24, 1942, the 18th General Hospital (45 officers, 60 nurses, 275 enlisted men, and 7 Red Cross workers, dietitians and physical therapists) was among the 2000 troops embarking on the U.S. Army Transport, The General James Parker, recently converted 14,000 ton luxury liner, The S.S. Panama. In convoy with The Parker were The President Coolidge, The President Monroe, The General Tasker H. Bliss, The Uraguay, The Santa Clara and The Santa Lucia, bearing the entire Task Force 6429. Escorted by one destroyer and one heavy cruiser, The San Francisco, the convoy passed through the Golden Gate at 1330 hours, 26 May 1942. Monotonously zigzagging southward toward an undisclosed destination the convoy divided after twelve days at sea, after a rendezvous with two American destroyers and a New Zealand cruiser, The Leander. The President Coolidge and The Santa Lucia departed with the new escort of destroyers and cruiser; the remainder of the convoy proceeded.

"Land ho" sounded from the Parker's watch at 0650 hours on Friday 12 June 1942 when Cape Brett, near the northern tip of the North Island of New Zealand was sighted. Through a blue haze rolling soft green hills were seen beyond the rugged and ofttimes bare brown shores, good to see after seventeen days without sight of land, travelling nearly 7,000 miles through "hot" waters. In a brilliant sunset over Waitemata Harbor, the Parker finally moored at Princess Wharf

at Auckland, as two Anzac bands alternately played "Roll Out The Barrel" and "Stars and Stripes Forever".

The nurses were the first to debark from The Parker and were entertained by private families in Auckland. The officers and enlisted men marched through Queen Street to the railway terminal where narrow gauge trains carried them in relays to Camp Papakura, 19 miles south of Auckland. This New Zealand cantonment had been evacuated for the first American Expeditionary Force to New Zealand.

The six weeks in New Zealand were idle, monotonous and somewhat depressing ones. The New Zealanders were extraordinarily hospitable and made unstinted effort for the pleasure of the American forces. Their country had been hard pinched by the war; they were severely rationed; they had sent their men to the Near East; their own land was in line for Japanese invasion; their defenses with their great loss of man power were meagre. The Americans were welcome, indeed. Their arrival there was known only to the troops themselves, to the New Zealanders and probably to the enemy.[2] Censorship of mail was rigid. Cables were forbidden. There was no mail from home. The war news was not good. The enforced idleness exaggerated these hardships. Calisthenics, foot drill and the operation of a 30 bed Station Casualty Clearing Hospital at Camp Papakura were not adequate to occupy those who had been previously professionally active. The future was uncertain. It was realized that New Zealand was only a stop-over and that soon all of 6429 would go forward to "Fan Tan," the code name at that time for The Fiji Islands. The advance reports, however, from the New Zealanders who had seen Fiji were disheartening.

Fiji had not the facilities to quarter the entire of #6429, as long as the New Zealand troops remained. The President Coolidge and The Santa Lucia had gone directly to Fan Tan. The Coolidge began thereafter to make shuttle runs between Suva and Auckland, taking home the New Zealand troops and returning with Americans. The 71st Station Hospital had gone directly to Suva and had taken over the only military hospital in Fiji, the one constructed by the New Zealanders at Tamavua, five miles from Suva. The 112th Medical Battalion and the 142nd General Hospital left Auckland on the first return trip of The Coolidge. The 18th General Hospital went forward on the third shuttle trip.

On 3 August 1942, when the 18th General Hospital arrived at Suva on The President Coolidge, they found Fiji in an anticipatory state. Confusion had followed the change of command; Major General Beightler had succeeded New Zealand's Lieutenant General Mead on 18 July 1942. Emphasis was being placed on defense and speculation was high in the G-2 section over the most likely sites of Japanese invasion. Having an occasional Japanese reconnaissance plane overhead after nightfall added to the possibility of attack. The fact that the United States Marines had been on maneuvers and had made practice landings on Koro Island in The Fiji Group was not general knowledge, nor was the destination of the Marine convoy revealed when it sailed from Suva harbor on 2 August 1942.

The medical situation on Fan Tan was

[2] The Army's "Safe Arrival" cards reached Baltimore 13 July 1942.

The Suva Harbor, Fiji Islands

Victoria Parade, Suva's main thoroughfare

Waimanu Road, Suva. Note Chinese and Indian places of business

Burns-Philp South Sea Co., Ltd., one of the main stores of the Pacific Isles. Two Fiji policemen talk with an Indian merchant

equally unsettled. The 250 bed 71st Station Hospital was firmly entrenched at Tamavua in the only permanent buildings suitable for a hospital. The 500 bed 142nd General Hospital was attempting to establish itself in ward tents on the western side of Viti Levu, in the Nandi area, while plans for construction were under consideration. The 112th Medical Battalion had deployed its clearing companies about the island. No location had been assigned the 18th General Hospital. In fact, a Task Force Surgeon had not been designated, largely because of a conflict in rank and political interests. After much deliberation the Commanding General decided that the 18th General Hospital should occupy a position somewhere on the northern portion of Viti Levu, at a site favorable for the evacuation of casualties in the anticipated enemy invasion of Fiji. Vatukoula was finally designated by General Beightler as the hospital location, after a preliminary survey of the area had been made by two liaison officers of the 18th General Hospital.

The original plan called for an advance section from the 18th General Hospital to go to Vatukoula to pitch tents and make mess preparations. The detail was to leave as soon as The Coolidge docked on 3 August 1942. Actually the troops were loaded in trucks when an order from the Commanding General halted their departure. A sudden unexpected and undisclosed development in the overall tactical situation made it imperative that the 18th General Hospital remain in the Suva area and prepare to function without delay. (This was four days before the Marine attack on the Solomons.)

Suva boasted no sizeable buildings or institutions suitable for conversion into a hospital. As a point of fact, the New Zealand Forces had found it necessary to construct a military hospital at Tamavua. The Grand Pacific Hotel, Garricks and the Metropole were small tropical hostelries, without adjacent buildings or land upon which to build. Indeed, because of the contour of the terrain, it would be difficult to find adequate space upon which to build a large hospital. His Excellency, The Governor of Fiji, offered his residence for use by the 18th General Hospital but this offer was declined by the Commanding General. A small Methodist Mission Teachers School at Nausori, nine miles from Suva, was unsuitable because of space limitations. The Queen Victoria Memorial School for Fijian Boys at Nasinu, five miles from Suva on The King's Road, would provide adequate space but its physical facilities would not permit immediate adaptation to hospital use. The Queen Victoria School, however, was chosen by General Beightler finally.

It was co-incident that the native students vacated the Queen Victoria School on 10 August 1942 on the day that the first news of the Solomons campaign was received. The reason for the change in location of the 18th General Hospital became clear, though the future use of the outfit was not certain. Material shortages and time might prevent the establishment of a hospital that could serve in caring for casualties from a campaign already in progress. Moreover, not infrequently there were inferences that the 18th General Hospital might not function at all in Fiji but might move forward. The Chief of Staff repeatedly admonished the Hospital to unpack as little equipment as possible, to preserve

Many Fijians come to market in boats. The inlet above, by Morris, Hedstrom's arcade, is in the heart of Suva

A native market place on Cummins Street, Suva. Cummins Street has been called "The Street Of All Nations"

all crates for a probable hasty move, though on the other hand there was prodding for speed in making ready for patients. This paradoxical situation, "Snafu" in army parlance, was not conducive to orderly planning. During this period of ambiguity the Unit had debarked from The Coolidge. The nurses were divided; part were sent to the 71st Station Hospital while the remainder were billeted in the Technical School of Suva, a single room structure hastily converted into a barracks by the setting up of folding canvas cots and mosquito bars. The officers and the medical detachment took over a block of the former New Zealand camp at Samambula. There were no professional duties, other than morning sick call. Staff conferences were held and a journal club was started. The Colonial War Memorial Hospital in Suva welcomed the visits of the medical staff and frequently called on them for consultation. An opportunity for conducting ward rounds for the native students at The Central Medical School was provided. The medical detachment was given the job of assisting in the renovation of The Queen Victoria School, engaging in this endeavor so aptly that they were known as "18th General Engineers".

The entrance to the 18th General Hospital, from King's Road. Right, two native Fijians sit beneath an acacia tree; behind is a pre-fabricated Dallas hut. Center, water tower and purification set-up

The Queen Victoria School was beautifully located, off King's Road, overlooking Lauthala Bay. Beyond was the Great Reef, and the open sea. Nukulau and Makuluva Islands were landmarks. On a clear day Kandavu was visible to the south, with a hazy outline of Ngau Island to the east. Behind, to the west, were the mountains of which Rupert Brooke wrote "ranges of inky sinister mountains, over which there are always clouds and darkness."

The buildings at Queen Victoria School were noteworthy, chiefly because of their small size and spacing, without connecting roads or sidewalks. The 250

acres were on rolling ground, with knolls, ridges and hollows. The largest flat area was a low-lying playing field, surrounded by stately coconut palms. On a ridge above it, opposite the entrance gate was a single story dormitory, with a small annex, both buildings large enough for the 90 Fijian students, both buildings

The dormitories of the Queen Victoria School were converted into medical wards

without running water. On another hill two hundred and fifty yards away was the classroom building, the size of a rural school with one teacher, though this building boasted a second floor over its rear half. In front of the classroom building was a bronze bust of Her Majesty, Queen Victoria; behind it was a single room laboratory building, perhaps 30 feet by 20 feet, and adjacent was a cook house of one third this size. Downhill from the classroom building was a rat-infested storage building, in too poor a condition to be used by the School for any other purpose. Off and above one end of the athletic field was a single story shop building for manual training. A narrow shed-like structure, downhill from and behind the dormitory, contained improvised showers and toilets, with a gravity feed from a central reservoir of rainwater. Beyond a three car garage, up a winding avenue of gorgeous mango trees, on the highest knoll, 220 feet above sea level, was the English headmaster's house, a modest six room dwelling. Some distance away, on other ridges, and in opposite direction, facing the sea, were the two native assistant headmasters' houses, small five room ones. The main dormitory and the laboratory building were stucco, all others were frame, all constructed in tropical style, all with supporting wire cable stays for hurricane protection. The grounds were well kept. The abundant rainfall promoted luxuriant growth. The grass was neat and velvety. Coconut palms, mango trees,

acacia, gardenias as high as one's head, hibiscus of every description, oleander, yellow alamander, crotons, were abundant.

There was no malaria on The Fiji Islands, though mosquitoes, other than Anopheles, thrived. An early task at the School was drainage and insect control. There was no water there, either, and the School had depended upon a "catchment" system for its supply. The average rainfall of 120 inches yearly in Fiji was adequate for a school of 90 boys. Their small central reservoir, however, could be depleted in a day by the medical detachment alone. Moreover, the plumbing was either antiquated or non-existent. A two kilowatt generator could not be counted upon for electricity for lighting wards, to say nothing of its other uses in the laboratories, X-ray department or operating room. Water would have to be piped from the nearest source, two miles away, from the Nasinu River, known to be contaminated. Pumps would have to be installed at the source and a purification system, plus reservoir and pressure towers, would be necessary. Water pipes would have to be laid along with sewers and a sewage disposal system would have to be constructed. Electric lines would have to be strung. Facilities for laundry, steam for sterilizing and myriads of other details would require the joint attention of medical men and engineers.

The greatest handicap to the 18th General Hospital was the absence of a concise plan for its construction and its eventual operation. Such essentials as generators and boilers were not available on Fiji; and requisitions for them were rejected. These items were classed with "gold-plated door knobs". Other material shortages caused timely delay. The "18th General Engineers" worked shoulder to shoulder with the 117th Engineer Battalion and were assisted by Seabees. The local Public Works Department was most co-operative. The buildings at Queen Victoria School could be and were converted into usable hospital structures; the main class room building was turned into an operating room, the cook house became the X-ray Department, the dormitory was made into a medical ward. Ward tents and pre-fabricated Dallas huts expanded the bed capacity. Native style thatched-cane buildings, or "bures," were erected as barracks and mess halls. Improvision could overcome lack of some medical supplies and equipment. But, without water the outfit could not run a hospital. Until water was available it was useless to proceed with the final details of preparation for patients. Two months exactly passed after the Fijians vacated Queen Victoria School before the first trickle of water began to flow into the purification system. The order had been for haste in making ready to function as a hospital! There was continued uncertainty regarding the scale on which the hospital was to operate and whether an adequate number of buildings would be alloted the hospital; ward tents could not be considered safe during the approaching hurricane season. There remained continued uncertainty whether the 18th General Hospital would ever function in Fiji, despite the preparation to date.

On 17 October 1942 all the personnel of the 18th General Hospital was moved into their new quarters at Nasinu. The stay at Samambula had been marred by

the loss of Private First Class John Iannelli who was accidentally electrocuted when in moving a radio aerial, he contacted an uncovered high tension wire.

Despite many shortages, despite all the uncertainty of the immediate and distant future, the 18th General Hospital received its first patients, seven in all, from nearby outfits on 22 October 1942, six months after activation, after six months of professional inactivity. Early in the morning of the opening day, Major John R. Hatfield, M.C., Executive Officer of the 18th General Hospital, died of a coronary thrombosis at the 71st Station Hospital. Major Hatfield, who had transferred to the Hopkins Unit from the 56th General Hospital, became ill before the 18th General Hospital was in a position to receive him as a patient.

Native style "bures" were built as quarters for the Medical Detachment of the 18th General Hospital

Part II
EXPERIENCES IN THE FIJI ISLANDS

WHEN the first patients were admitted to the 18th General Hospital, 22 October 1942, six months after the activation of the Johns Hopkins Unit, there were fifty six beds available for immediate use. These were on Medical Wards 2 and 3, recently converted dormitories of the former Queen Victoria School. Utilities for even this meagre token of a general hospital were far from complete. Moreover, much of the equipment for the operating room, the laboratory, X-ray, the specialties had still to be unpacked and indeed, in many instances, had to be located among the crates crowded in storage tents. The frequent moving of the tons of impedimenta from San Francisco to Auckland, from Auckland to the docks in Suva, thence to Samambula and finally from Samambula to Nasinu had resulted in some difficulty in orderly storage and identification of crates. Reminders persistently came from Force Headquarters to be modest in the scale of preparation for patients, admonished the Hospital to function with a minimal amount of unpacking, to provide only bare essentials and hold the remainder of its equipment in readiness for a move. On the third day after the opening of the 18th General Hospital, unofficial information from the United States Navy Headquarters in Suva indicated that a hospital ship with several hundred casualties from the Solomons campaign was due at Suva within forty-eight hours, and that the patient load would be divided between the 18th General Hospital and the 71st Station Hospital. The following day Force Headquarters confirmed the news and ordered an increase of the bed capacity at the 18th General Hospital.

In advance of the Army's confirmation of the expected arrival of casualties, however, the 18th General Hospital had begun its own program for expansion of its facilities. Ward tents were pitched while cement was being poured for the floors. Medical officers transformed themselves into carpenters and assisted in erecting prefabricated buildings. Ward 4 took shape as three Dallas-type prefabricated huts were joined to form one long ward for sixty patients. The roof of this ward actually was being joined overhead as ward beds were

The athletic field of the Queen Victoria School was selected as the site for many of the hospital wards. A miniature golf course had been laid out by the school boys on their playing field

By December 1942 the 18th General Hospital was functioning in ward tents on the former athletic field and foundations for permanent wards were under construction

being set up. Nurses washed the beds, arranged the ward linen, stocked makeshift medicine cabinets, attended to countless minutia for the care of patients. So urgent was the need for equipment that the Medical Supply Department was unable to keep tally on the innumerable small items withdrawn. The Registrar arranged for records, so vital in the Army. Mess facilities had to be increased. Toward nightfall the engineers began to pour cement directly onto the grass to make walks over which litter patients could be rolled or carried. The rolling ground at Nasinu with its thin eroded top soil and slippery soapstone base made navigation precarious without some form of walk. Work proceeded to a late hour and as midnight approached, two hundred and seventy beds were ready for occupancy. The accessories for the care of patients likewise were in order. The Hospital capacity had been increased fivefold in less than 24 hours! The set-up was rough, far different from the luxury of the wards at a fixed army camp or the civilian hospital from which the staff had migrated. The drab green plywood walls of the prefabricated building, with circular portholes for ventilation, or the green canvas of the ward tent contrasted sharply with the fresh neat white beds. Light came form a single bulb dangling in the middle of a long ward, and even this required a black-out guard, improvised from a tin can. Ward tents, of course, had no plumbing and the plumbing which eventually was installed in the prefabricated or semi-permanent buildings was only a crude facsimile of the modern concept. Ambulant patients would have to use field latrines. Long lines of galvanized wire were strung at head level over the rows of beds and mosquito bars were attached to these. The wards were not screened. In fact, the doors and windows were installed only after the patients had been admitted. Notwithstanding the haste of preparation, there were neatness and order, and even in its crudeness one sensed that the Hospital was ready for the care of patients.

Corpsmen take a litter patient from an ambulance at the 18th General Hospital. This patient was one of the First Marines, a battle casualty from Guadalcanal

The U. S. Navy Hospital Ship "Solace" docked at Suva at daybreak on Tuesday, 27 October 1942, laden with three hundred and twenty four battle casualties from the engagements at Tulagi and Guadalcanal. Most of the patients were Marines, the remainder were Navy. All were thin, gaunt, quiet,

A completed medical ward. In the foreground is a breadfruit tree

Interior of one of the permanent wards

Ambulances bring casualties to the 18th General Hospital

Ambulant patients waiting for assignment to wards

serious, expressionless, shaken; men in their late 'teens or early twenties; fresh from contact with the enemy. Rations had been low, water had been scarce, supplies reached foxholes infrequently, if at all. Mosquitoes had not respected their plight and had added malaria to their misery. Many of the Navy casualties had been rescued from rafts or taken directly from the water after many hours of exposure. The effects of battle were all too apparent, yet Navy discipline was so firmly ingrained that Navy survivors literally refused to disclose the name of their ship or any details concerning their disaster, until it was sanctioned by a Naval officer. Ambulant patients, toting their few possessions, were helped into army trucks and litter patients were carried to ambulances, as a division of the patients was made between the 18th General Hospital and the 71st Station Hospital. Baggage was no problem, for there was none. Most of the casualties had lost all their belongings, save perhaps a few letters or a stained photograph, which had been sheltered in a pocket. These quiet hospitals behind the lines must have looked like paradise.

By noon two hundred and sixteen patients from "The Solace" had been admitted to the 18th General Hospital. On arrival they were separated into medical and surgical problems and referred to the proper ward. Registration, history taking, examination and treatment proceeded smoothly, but adequate attention was paid to the "little things". The Hospital Red Cross workers saw to it that the casualties had cigarettes, a tooth brush, a razor, a V-mail blank for a letter home. The friendly native Fijians asked permission to visit the wards with flowers and fresh fruit; they sang songs of welcome to their heroes.

An analysis of the cases revealed that medical patients predominated over surgical ones in the ratio of two to one. Uniformly there was malnutrition, many having lost as much as forty pounds in weight. Malaria, jaundice and psychoneuroses were the outstanding medical conditions necessitating evacuation of the patient from the combat area. Many blast injuries and compound fractures were present. Noteworthy were severe comminuted fractures of the calcaneous, sustained by seamen standing on deck when their ship was torpedoed under them. The acute psychoneurotic evacuee imposed one of the most difficult problems. The conditions of jungle warfare, the forward foxhole, the isolation, the desperation, every man for himself, the faint hope of replacement or reinforcement, often short rations or at times even a shortage of ammunition, lack of sleep, had led to a high percentage of acute anxiety states, frequently with acute panic, for which, fortunately, there was often amnesia. After evacuation to a rear echelon the anxiety states frequently persisted, with features of a reactive depression. Fear of going to sleep or sleep punctuated with nightmares of combat were commonly encountered in the casualties. On the day after arrival at the 18th General Hospital a tropical storm burst. This was sufficient to precipitate recurrences of mild panic in several patients, with crying and fear of the Japs returning. Many Marine and Navy patients admitted that the heavy naval shelling by the Japanese fleet had been their worst punishment.

Almost co-incident with the arrival of the first casualties many changes of command occurred. Admiral William F. Halsey became Commander-in-Chief of the South Pacific Area. The Army's Americal Division replaced the Marines on Guadalcanal. Fiji was designated II Island Command, APO #913, San Francisco. The Basic Command in Fiji was headed by Major General Charles F. Thompson. Brigadier General Ray L. Owens assumed Service Command, under which the 18th General Hospital operated. Colonel Chauncey Dovell became Force Surgeon. The 37th Division, under Major General Beightler, prepared further for a move forward to the combat zone. Shortly before Christmas 1942 Lieutenant Colonel Koontz was ordered to New Zealand and Lieutenant Colonel George G. Finney, who had been Chief of the Surgical Service, was made Commanding Officer of the 18th General Hospital.

As a change of station for the 18th General Hospital appeared less imminent, more concise plans for its operation were possible. Material shortages persisted but shipping to Fiji showed some improvement. With the Hospital actually functioning it was less difficult to secure critical equipment than previously when such items were a matter of paper projection. Moreover, the new Service Command seemed responsive to requisitions. Generators, a number of field ranges, water pumps and purification units were acquired, as the original allowances had proved to be inadequate. In short, the Hospital's utilities were increased so that, except for a laundry, it was completely a self-sustaining outfit. The existing permanent buildings, i.e. the school buildings, and the semi-permanent or prefabricated buildings were altered for greater efficiency and painted for better appearance. Contracts were let with a local firm in Suva for the construction of five permanent ward buildings. Tents were destined to go as they were unsafe during the hurricane season, but they would have to be used until the new wards were ready for occupancy. One achievement, in the line of luxury, was the gradual acquisition of a primitive type of New Zealand water heater burning crude oil by a fantastic drip method. Rightly the patients were the first to have hot water, next the nurses, and lastly the enlisted men of the Medical Detachment and the officers. Installation in the officers' quarters occurred nine months after the Hospital officially opened. Planting, grading, better drainage, road building, more sidewalks were projects completed by the Medical Detachment. Attention was paid to improvement of the quarters of the enlisted men. A recreation bure was constructed for the Medical Detachment. The Red Cross was provided with two bures for their functions. "The Oasis" was built in native style as a recreation building for the nurses and officers. The former school grandstand, with a seating capacity of two hundred, was used as an out-of-door moving picture theatre, but this soon was too small. A new open air amphitheatre, appropriately named "The Kava Bowl"*, with seating capacity of over two thousand, was

* Kava is the native drink of the South Seas. It is non-alcoholic and is made from the dried root of an indigenous plant. An enormous hardwood bowl is used in making and serving the drink, with elaborate ceremony.

A litter patient is taken into a ward

Ambulant casualties from the Solomons

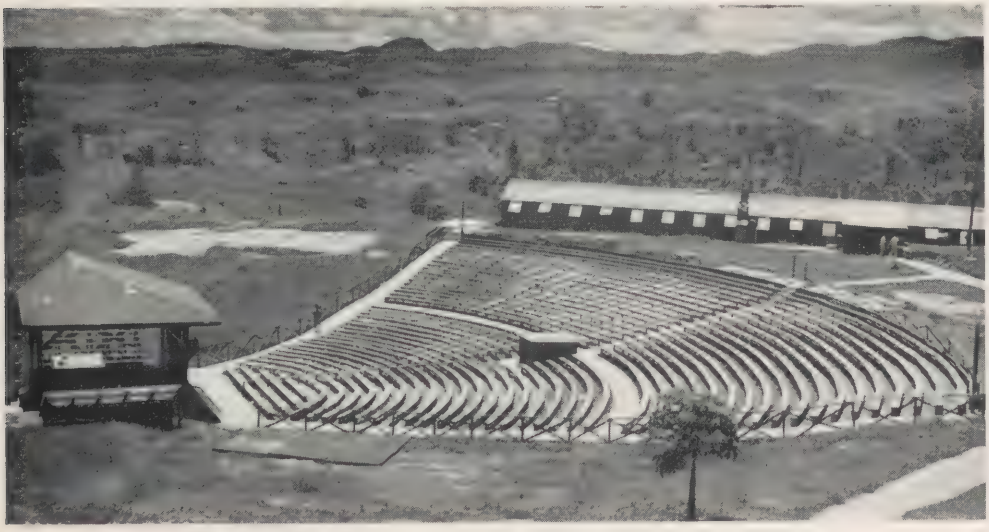
constructed by native laborers under the guidance of the Force Engineers, when the situation of the old grandstand was needed for a proposed ward building. (It is of interest to note that discarded dunnage from freighters was salvaged for the material to build "The Kava Bowl".)

The expansion of the physical facilities of the Hospital, mentioned above, was gradual. Construction was slow. Four months elapsed after the Hospital officially opened before the first of the new permanent ward buildings was ready for occupancy. In this interval hurricane warnings and one hurricane of mild intensity necessitated the striking of tents and the crowding of patients in the few semi-permanent buildings. Before adequate drainage could be provided there were frequent floods from the heavy tropical downpours, often with several inches of water covering a tent floor. It was not unusual to see medical officers and nurses making rounds clad in rubber rain coats and boots, wading in two or three inches of water at the bedside, the patient huddled in a bed littered with all his belongings. There never were covered passageways connecting the wards and during the frequent rains patients had to be carried to X-ray or to the operating room on a stretcher with a rubber covering.

The patient census steadily rose from an average of three hundred to over seven hundred by mid 1943. About one year after the Hospital opened its peak of one thousand and forty three patients was reached. The admissions were battle casualties, patients from local sources and a few patients sent to the Hospital from other island bases, e.g. Samoa, New Hebrides and Tongarewa, for special study or disposition. On one occasion three hundred and thirty nine patients were admitted to the 18th General Hospital because of prolonged exposure and exhaustion after the U. S. Army Transport Cape San Juan had been torpedoed and sunk about five hundred miles off Fiji. Battle casualties accounted for only a small percentage of the patients. These came in groups of one hundred and fifty to four hundred. Several groups were evacuated to the 18th General Hospital from the engagements at Guadalcanal and Tulagi, from the New Georgia campaign and a few from Bougainville. It was striking that the general physical and mental condition of the evacuees improved as the Solomons campaign progressed. Medical admissions continued to exceed surgical ones by a ratio of well over two to one. For the most part the casualties exhibited the same medical conditions as the first marine patients, e.g. malaria, jaundice and psychoneurosis. Later dermatitis of contact or fungus origin, a mild pharyngeal diphtheria epidemic and instances of cutaneous diphtheria accounted for many admissions. Many casualties gave a history of bloody diarrhoea which fortunately was of short duration. Parasitic disease was very rare. The surgical care of the battle casualties consisted largely of minor procedures intended to further the healing of wounds. As a rule, an interval of two weeks after injury elapsed before the casualty reached the 18th General Hospital and in this time the required surgery usually had been done. Contrary to a widespread impression, it was observed that wounds healed as readily in the tropics as elsewhere, other cir-

Fijians carry a kava bowl

Dedication of kava at a meke for Major General Thompson at the 18th General Hospital



"The Kava Bowl" at the 18th General Hospital, an open-air theatre

cumstances being comparable. Rupture of the ear drum by blast and fungus infection of the external auditory canal occurred in moderate incidence. Noteworthy at the 18th General Hospital suffered much disability and these patients were sent to the 18th General Hospital for a determination of their fitness for further overseas service. Eventually the 37th Division moved to

Many of the wards of the 18th General Hospital were located on the athletic field of the Queen Victoria School. At first only tents were available, later permanent buildings replaced the tents

was the absence of patients requiring surgery in the neurologic, ophthalmologic and maxillo-facial branches, though the Hospital was well staffed in these departments.

The greatest portion of the professional work resulted from admission of troops stationed in Fiji and in this respect the 18th General Hospital served as a station hospital. The 37th Division during its strenuous training program prior to entering the combat zone the Solomon Islands to replace the Americal Division and the latter was sent to Fiji "to lick its wounds". The Americal Division was heavily seeded with malaria, the tertian variety with recurrence following recurrence. The hundreds of cases of malaria admitted to the 18th General Hospital furnished abundant material for clinical investigation. Observations were made on atabrine, its toxicity, its dosage, its effectiveness in the clinical case of

malaria and its usefulness as suppressive therapy. A method of determining the level of atabrine in the blood serum and urine was perfected by one of the medical officers. A study of the organic and psychological effects of recurrent malaria was a research project of one group of the Medical Service. Parallel with the high incidence of malaria was psychoneurosis. Increasing nostalgia, the monotonous tropical conditions of uninterrupted heat and humidity without seasonal relief, lack of recreation, lack of adequate social outlet, the rigidity of military routine were some of the factors, irrespective of combat, that led to emotional unrest and instability. The mild constitutional psychopath broke earliest under the adverse conditions. Soldiers with a low mental age exhibited a variety of hypochondriacal reactions and many became inept. A mild epidemic of virus pneumonia, several hundred cases of dengue fever, allergic manifestations, peptic ulcer and naso-pharyngitis were encountered. There were a few soldiers observed for filariasis. Though yaws and leprosy were endemic, these diseases were not seen in the armed forces. The surgical procedures carried out on the troops stationed in Fiji were those employed in the treatment of conditions to be expected in any group of young adult males, viz: tonsillectomy, appendectomy, hemorrhoidectomy, herniorrhaphy, the treatment of fractures and infections.

During the first year of operation the 18th General Hospital had eight thousand one hundred and thirty three admissions. The mortality rate was gratifyingly low, only eleven deaths, of which ten patients were members of the United States Armed Forces and one was an officer in the British Naval Reserve. Only one death could be attributed to combat. Every effort was made to rehabilitate the patients returned from combat and an equal effort was made to assist in the adjustment of non-combat troops. These endeavors were to no avail in a high percentage of patients. Of these, many were unfit for further military service of any kind, some were fit for duty within the continental United States, some were fit for any duty in non-tropical climates. Patients in these categories were returned to the United States by the Disposition Board of the 18th General Hospital. The preparation of patients for disposition was one of the most time consuming functions of the Hospital. Dispositioned patients left via water transport in groups of two to four hundred, the number depending upon the available shipping space.

In its heyday the 18th General Hospital was quite busy, though the professional work was never very inspiring and was not uniformly distributed. The patients, as a rule, came in large groups, often several hundred at a time, with a lull in admissions thereafter for a period of weeks. Official visits and inspections of the Hospital were frequent. Mrs. Franklin D. Roosevelt, Secretary of the Navy Knox, Assistant Secretary of War Patterson, Admiral Nimitz, Lieutenant General Harmon, Lieutenant General Somervell, Brigadier General Hugh Morgan were among the official visitors. His Excellency, Sir Philip Mitchell, Governor of Fiji, and Lady Mitchell and many of the English ladies of Suva attended Hospital functions and were of assistance in providing much needed recreation. The work at the 18th General Hospital was

favorably commented upon by all. When the Commanding Officer, Colonel George G. Finney, was awarded The Legion of Merit a part of his citation read "...he assumed command of the hospital at a time when it was called upon to handle battle casualties with limited facilities. The hospital's splendid record of service is a tribute to Colonel Finney's energy, professional skill and initiative...".

An aerial view of the 18th General Hospital, by the R. N. Z. A. F. On the right is King's Road. In right foreground is the former athletic field with its wards. In left foreground are the bures of the Medical Detachment. In the center background is the former classroom building, later the Surgical Building. In left center is the nurses area and in left background is the officers area

As the War progressed, Fiji shrivelled in importance. In late 1943, with the departure of the Americal Division, only a negligible number of service troops, aside from the hospitals, remained. Periodically a rejuvenation of Fiji was anticipated. One plan indicated the development of a staging area, another would make Fiji a base for the air evacuation of casualties, though nothing came of either projection. In the late summer of 1943 the 18th General Hospital had been placed under the Table of Organization of a one thousand bed general hospital and thereafter filler replacements in personnel had arrived. The construction of new wards for the expanded bed capacity had started. When, however, battle casualties no longer were evacuated to Fiji, all construction was halted. The Hospital census fell rapidly, under one hundred in early 1944. Not only was there no professional work, but there was no prospect of improvement. Official sanction was given for the treatment of civilians of Suva as ambulant patients. The Colonial War Memorial Hospital in Suva offered its facilities to the professional staff, many of whom assisted in the dispensaries and on the

wards, while investigation in the treatment of yaws with penicillin and a study of trachoma were undertaken by others. Training programs were instituted. A surgical team and a few malariologists went forward to Bougainville. The majority of the professional staff, however, was idle. A change of station for the 18th General Hospital was expected but confirmation was lacking. In March 1944 Colonel Finney was ordered on detached service with the 40th Division, with the view that the 18th General Hospital would accompany this task force to their objective, presumably Kavieng. Colonel Finney, however, soon returned to Fiji with the announcement that the manoeuver had been cancelled because the revised strategy indicated that Kavieng could be by-passed.

The monotony of the tropics combined with enforced idleness, after two years of foreign service, became increasingly difficult to endure. The proposed schemes for rotation to the Zone of the Interior after two years overseas were encouraging, though when viewed practically, they obviously would be lengthy procedures. The rotation plans stipulated that a replacement in grade would have to be present before the veteran could be relieved. Moreover, there was to be a small monthly quota from the 18th General Hospital. Though the 18th General Hospital had lost many of its members through transfer or through disposition due to physical disability, there remained a large percentage of the original Hopkins Unit, all of whom would be due for return to the continental United States at the same time. In lieu of rotation, the individual could elect to take thirty days leave in the United States, Hawaii or New Zealand, with the understanding that he would return to his original outfit. Actually, while stationed in Fiji, two medical officers, two medical administrative officers, three nurses, and twenty-nine enlisted men were lost to the 18th General Hospital through rotation. Practically all of the enlisted men selected for rotation had transferred to the Hospital from combat outfits and had had previous foreign service. In the June 1944 quota Colonel Finney was selected for rotation but he declined and instead he elected to take leave, hoping that by personal contact with the Surgeon General's Office he could better the position of the 18th General Hospital. Actually, after arrival in the United States Colonel Finney received a new assignment. Following Colonel Finney, Lieutenant Colonel Richard W. Graham became the third Commanding Officer of the 18th General Hospital.

After six months of virtual stagnation, with a census consistently below one hundred, and eleven months after the last battle casualties were admitted, the 18th General Hospital was alerted on 23 June 1944 and ordered to begin packing preparatory to a change of station. The wards were closed systematically, the Dallas-type prefabricated buildings were razed, and all equipment, including the utilities, was crated. On 1 August 1944 the Hospital was officially closed and the forty remaining patients were transferred to the 71st Station Hospital. After twenty two months of operation in Fiji the 18th General Hospital had admitted twelve thousand one hundred and ninety-five patients.

Part III

IN THE INDIA-BURMA THEATRE

DEPARTURE of the 18th General Hospital from The Fiji Islands, 16 September 1944, was accompanied by a strange mixture of feelings. In the twenty-eight months of foreign service the veterans had witnessed extraordinary progress on all fronts of the War. From a one-time front line position the Hospital had reverted to a rear echelon outfit of empty wards. A sense of frustration was a natural concomitant of the realization of the imbalance between the actual performance of duty and the potentialities of the Unit. A change of station enlivened in some the hope that the professional skill and ability of the Hospital Staff might be utilized to the fullest after all; in others the move was viewed with pessimism only serving to carry them farther from home, without prospect of betterment, since it had been a common experience in the overseas affiliated general hospitals for these units to act as dispositioning outfits, sending patients to the Zone of the Interior for definitive care. The months with a lack of professional work plus the monotony of life on a primitive tropical island affording little if any recreational escape had intensified the nostalgia bound to accompany the two years overseas. The British residents of Suva and many of the native chiefs had been generous in sharing their hospitality with the officers, nurses and members of the Detachment. Warm friendships had developed. The close association with the Colonial War Memorial Hospital and the Central Medical School in Suva had been an outstanding pleasure. While all appreciated the necessity for moving the 18th General Hospital from Fiji, the direction of the move was a disappointment to the majority. The final blows in the War with Japan would be struck at her homeland and many of the Hospital complement had hoped their move would be northward in line with this advance. It seemed a logical move. The Commanding General of the Central Pacific Area, on a visit shortly before the Hospital's departure, had announced his request to the War Department for the 18th General Hospital to be advanced to the mid-Pacific and that his request had been refused because another assignment for the Hospi-

tal had already been made. Actually, the General's announcement was the first definite indication of the direction of the move, as all orders relative to shipping had been secret.

Originally the sailing date had been set for 8 August 1944 but had to be postponed because of transportation difficulties. The amount of impedimenta was incredible. The two large hospitals on Fiji, the 18th General Hospital and the 142nd General Hospital, were included in the same orders for change of station. The combined equipment of the two thousand bed organizations filled the holds of the ten thousand ton Dutch freighter, the S.S. Tjibadak. The last of the filler replacements arrived four days before embarkation and brought the Hospital to prescribed strength. A survey of the personnel, in order to eliminate those who, after twenty-eight months of foreign service, might be unfit for duty of a more rigorous type than that previously experienced, resulted in disposition of thirteen nurses and the transfer of thirty-four enlisted men to other organizations destined to remain in a rear echelon. On 16 September 1944, the day of departure from Fiji, the roster contained the names of fifty-five officers, one warrant officer, eighty-one nurses, three hospital dietitians, three physical therapists, five American Red Cross workers, and four hundred and sixty-one enlisted men.

The voyage to India on the new nineteen thousand ton United States Naval Transport, the U.S.S. General George M. Randall, was singularly uneventful. There were only two meals a day but the ship's excellent cuisine was a source of satisfaction after the preceding weeks of subsistence entirely on canned rations. Sleeping without a mosquito bar rivalled the food as a novelty. Shore leave was granted for two of the three days in Melbourne, Australia. Everyone was gratified to learn that the lethargy from the long tropical sojourn was overcome by the stimulation of civilization and a temperate climate. At Melbourne the Randall was joined by her sister ship, the U.S.S. General William Mitchell, and the two proceeded together to destination. Off Freemantle, a deviation south of the charted course followed a coded radio message that Japanese submarines had sunk a tanker in this territory a few days previously. For the first time zigzagging began. Off the Cocos Islands in the Indian Ocean two British destroyer-escorts joined the Randall and the Mitchell, accompanying them to Bombay.

The Bombay harbor, filthy, oily, scum-covered, nevertheless was alive with ships when the Randall and the Mitchell arrived, transports, freighters, schooners, and kishtis*. Long before the Randall docked at Ballard Pier, Saturday, 7 October 1944, an advance party had boarded her and had summoned unit commanders for instruction regarding debarkation and entrainment. While troops and officers lined the decks to view Bombay's domes and spires through the haze of smoke and to gaze on the Gateway to India, the ultimate destination of the outfits was revealed. The 18th General Hospital would proceed to Advance Section Three, on the Ledo Road in Assam, the exact site of the Hospital to be disclosed later. The

* The kishti is a native vessel of very light wood, sharply pointed, with high bow and stern, bamboo arched cabin, high mast and square sail, much like a sampan.

The 18th General Hospital was stationed eight miles from this sign post

Less than five miles from the 18th General Hospital native activity proceeded undisturbed by war

142nd General Hospital would take over a station hospital already functioning in Calcutta. Individual outfits would be divided so that mixtures of engineers, aviation specialty units, quartermasters, medical detachments, as well as companies of the Royal Air Force would be on a single troop train. Each train would have a British liaison officer from the

The Ledo Bazaar offered the only non-military recreation. G.I. shoppers, Chinese soldiers, Indians and a few Naga tribespeople could always be found in the rickety shacks or the open market in the center of the photograph

Transportation Corps. Personnel of the 18th General Hospital had to be divided into four sections, three of male officers and the Detachment, the fourth of nurses, for the train trip across India. The Tjibadak, it was learned, had gone directly to Calcutta and the freight thence would be transshipped via rail to Ledo. The work incident to entrainment was considerable, largely because of time limitation, and partly on account of the multiplicity of details encountered at entry into a foreign country. The Army's custom of requiring endless reports of many copies had not been dispensed with in the India-Burma Theatre. Rations had to be provided through requisition with the quartermasters. All American money had to be exchanged into Indian currency as it was a court-martial offense to have any American money in one's possession. New censorship regulations had to be complied with. Immunizations had to be reviewed and booster injections given†. Familiarization with local military and civil regulations was necessary, and myriads of individual problems had to be met.

The first section of the 18th General Hospital, headed by the Commanding Officer, Lieutenant Colonel Richard W. Graham, Jr., entrained and departed Bombay four and one half hours after the Randall had docked. The remaining sections left on consecutive days, the last to leave being the nurses on the

† In the India-Burma Theatre of Operations booster immunization against typhoid, typhus, smallpox and cholera was required every six months.

fourth day in Bombay. A special ambulance train, quite comfortable and comparatively clean, had been provided for the nurses. The other trains were similar in all respects, uniformly antiquated, dirty and uncomfortable. A single dilapidated first class compartment car, one or two second class cars and a string of deplorably old and worn out third class cars constituted the troop train. In the third class cars wooden slat benches ran crosswise, with similar ones folded overhead, lowered at night to provide upper berths. The troops were crowded onto the benches by day and slept on them, on the wooden slats, at night. All cars had been stripped long ago of any plumbing fixtures and indeed the Indian toilet on the third class car was no more than a hole in the floor. Likewise electric bulbs had vanished and in each car one dim light dangled at each end; these were carefully guarded at all times. Many a day had passed since the cars had been painted. Window glass had been broken and no screening was provided. Protection against malaria rested upon the effectiveness of mosquito repellents, applied religiously at and several times after sundown. Fortunately, the trip across India was made in the non-malaria season. The Great Indian Peninsula Railroad provided the train only; all other accessories were either furnished by the United States Transportation Corps or were entirely lacking. C rations and K rations were provided as subsistence for the journey. Water was rationed, as the overcrowded cars taxed the small tanks. Actually on several occasions the tanks went dry between stops, or leaked, or the pumps broke, or inadequate chlorinating facilities existed so that the little water available often was unsafe. There was no water for bathing, and a bath was obtained only when an amiable station master would allow the use of an engine water tower. Stops for detraining occurred at least three times a day, always at a station. These were primarily to allow for a change of the train crew or for repairs, need of the latter ever-present, and for watering the train. Rations were distributed and consumed, and light exercise obtained during the short detraining periods. Moreover, at the stops the local R.T.O.‡ was supposed to have caldrons of boiling water ready for use of the troops in preparing their packaged rations. In reality the R.T.O. was rarely to be found, and if so, he invariably was surprised at the arrival of a troop train. The end result was that no boiling water was ready and not infrequently the boiler of the engine had to be tapped in order to meet this deficiency. Beggars crowded the platform, crying "baksheesh". Many of them were horribly crippled. Half-starved waifs fared well on the K rations, especially as the trip wore on and the prefabricated diet became increasingly unpalatable. Vendors of every sort beseeched the troops but fortunately resistance was high, and the trip ended without a single instance of illness. The tedious train journey was interrupted by a four day voyage on a primitive side-wheeler on the Brahmaputra River to Pandu. The river boat apparently had been pulled from the graveyard because of the demands of troop transportation. After thirty-six hours of resting on barracks bags, with the sky for a ceiling, at Sirajganghat, the town itself in quarantine for cholera,

‡ Rail Transportation Officer, either British, Indian or an officer of the U.S. Transportation Corps.

the American troops embarked on the upper deck while native Indian troops more than tripled the boat's capacity by packing themselves on the lower deck. So crowded was the old river boat that the troops had to sleep in relays, flat on deck of course, despite the visits of rats, mice and colossal roaches. In contrast to the evident vicissitudes was the magnificent scenery, the broad Brahmaputra River often over two and one half miles wide, with the hazy Himalayas visible to the north and the deep blue of the Caro Hills to the east. Pandu, swarming with Indian troops, coolies, goats, sacred cows and beggars, with exhibitions of filth beyond permissible written description, was not exempt from the confusion previously experienced. After a timely delay at Pandu, the narrow gauge train of the Assam and Bengal Railroad, manned by a crew from the United States Railway Operating Battalion, was boarded. The fourteen third class cars and the two first class cars were even more ancient and dilapidated than those of the earlier portion of the trip. Notwithstanding, the journey finally ended twelve full days after departure from Bombay.

On 26 October 1944, four days after the arrival of the last contingent of officers and the detachment, and twenty-four hours after the arrival of the nurses, the 18th General Hospital officially assumed operation of a hospital of four hundred and fifty bed capacity in the Staging Area on the Ledo Road near Margherita, Assam, approximately eight miles from Ledo. For security reasons at the time the address was A.P.O. #689, New York. The Staging Area was the result of a conversion of rice paddies and a clearing of the jungle along the Burhi Dining River to permit erection of bashas§ and tents. The area had been occupied temporarily by outfits on their arrival in Advance Section Three, while awaiting a permanent site. The most recent occupant was the 69th General Hospital, in the process of moving to their new permanent quarters when the 18th General Hospital arrived. For a time the two hospitals shared the facilities of the Staging Area. Since none of the impedimenta of the 18th General Hospital had arrived from Calcutta, nor was there any indication of the time it would arrive, a transfer of equipment from the 69th General Hospital was arranged in order to maintain the hospital. Likewise there was a formal transfer of one hundred and sixty-three American patients to the 18th General Hospital. Two of this number were battle casualties.

The immediate situation and future prospects for the 18th General Hospital were very discouraging. The only obtainable information was that the Hospital would probably remain in the Staging Area. No plan for its use had been evolved. The Base Surgeon frankly admitted that there was no need for another general hospital in this area. The 20th General Hospital, the affiliated unit from the University of Pennsylvania, had been the earliest outfit to arrive, and in the several months in their permanent site had constructed an enormous and a well appointed hospital; they had been overly crowded with casualties from the Myitkyina campaign, caring for both American and Chinese patients, but because of a

§ A basha is a bamboo hut with thatched roof. The life of a basha under the best conditions is only eighteen months.

recent marked decline in the anticipated casualty rate the census at the 20th General Hospital had fallen and without difficulty they could care for all the battle casualties in the area. The new 69th General Hospital was only partially filled. This situation obtained also in the 73rd Evacuation Hospital, the 48th in anticipation of Chinese admissions, a new area was cleared for the erection of twenty-four American ward tents, with a bed capacity of four hundred and thirty-two, and large bashas were built for a commissary and kitchens. By comparison, these new buildings for the Chinese made the older basha wards,

The Surgical Wards, in bamboo bashas, butted on a connecting walk. The photograph was made after the walk had been straightened and widened and deep drainage ditches provided to carry off the torrential rains

Evacuation Hospital and the 14th Evacuation Hospital, as well as in the several field hospitals in Advance Section Three. Moreover, the 172nd General Hospital was enroute to the Ledo area and for them also there was no plan for their utilization. In late 1944 and in early 1945 the Japanese were withdrawing troops and supplies from the Assam-Burma fronts to send as re-enforcements for their last stand in the Philippines and in their homeland.

One of the early plans for the 18th General Hospital, sponsored by the Base Surgeon, called for admission of Chinese¶ patients only. Accordingly, occupied by American soldiers, appear quite shabby. As work on the Chinese area was nearing completion, the entire plan was discarded, the tents were struck, the new bashas abandoned.

No other plan for use of the 18th General Hospital was immediately forthcoming. Inquiries to the Base Surgeon and suggestions to him were met with indifference and casual rebuffs. Thus a seasoned medical outfit prepared to spend its third Christmas overseas with

¶ The Chinese soldiers in the India-Burma Theatre were not the type of Chinese who had migrated to the U. S.; they were the rural "inland" Chinese, uneducated and undisciplined.

even more uncertainty and confusion than its most ardent pessimists could have predicted at the time of departure from the Fijis. Few patients were sent to the Hospital, all were American troops in the Ledo area, none was a battle casualty. Many were members of the Hospital detachment. The Hospital's own officer and nurse personnel, however, could not be admitted to the 18th General Hospital, as the Base Surgeon persistently refused to allow an officers ward. The daily census rarely reached two hundred patients. Respiratory infections, malaria, dysentery, both bacillary and amebic, and skin diseases accounted for most of the admissions. There were a few cases of scrub typhus. With reluctance, and only after an order from a superior, did the Base Surgeon authorize the Hospital to have its own Disposition Board for the return of patients to the continental United States. Many medical officers and nurses had detached service to other area hospitals. Two of the Hospital's malariologists made tours to the forward areas for investigative purposes. Two ward surgeons involuntarily were transferred to portable surgical units while two medical officers and five nurses asked for transfer to more active hospitals. Two hospital Red Cross workers and one physical therapist were transferred to other organizations.

While the professional activity of the 18th General Hospital had reached a low level of stagnation there was hard work in all other sections. The Medical Detachment had done the bulk of the job of establishing the Chinese area, even though for naught. The impedimenta off the Tjibadak finally arrived from Calcutta, over one hundred and twenty-five car loads, all of which was unloaded and stored in warehouses by the Medical Detachment. The physical set-up of the hospital area was makeshift in the beginning and near collapse by the time it had been handed on to the 18th General Hospital. Admittedly the Staging Area was a temporary stopover situation and for this reason no new construction was permitted. The bamboo bashas, used as wards, utility buildings and quarters, had been built during the preceding eighteen months and had reached the last stages of usefulness. Actually, patients were hurriedly moved from three medical wards at different times, as the bashas started to collapse. These wards were not replaced. The Area Engineer condemned many other bashas but since replacements were not permitted, efforts to brace and repair them had to be made. Many bashas used for living quarters fell, fortunately after the occupants had moved out. The section for the nurses quarters originally was highly unsatisfactory, largely because of its dispersal over a wide territory. Moreover, the nurses quarters were separated from a colored quartermaster trucking battalion only by a ravine and a hundred yards of uncleared jungle. Stray bullets not infrequently crossed this area and one actually found a resting place in the thigh of one of the Hospital dietitians as she was reading in front of her quarters. One of the early projects was the consolidation of the nurses quarters into a compound, where new tents, new pit latrines and showers were provided. An entire new water purification set-up was constructed as the old one was inadequate and unsafe. Countless changes were made in the wards to augment the

A view of basha wards and ward tents at 18th General Hospital

Hindu laborers used primitive methods to improve walks connecting the wards

care and comfort of the patients, from levelling the uneven dirt floor of the wards to providing hot water in the near-by showers. None of the wards had running water. Roads and bridges were actually did not fill the wards with patients and the professional acumen of a highly trained and seasoned medical unit remained completely wasted. The Base Surgeon and the Headquarters Staff of

Members of the Medical Detachment are shown constructing a bridge over a ravine separating the new nurses area from the Hospital. The area was in a stockade made of airplane wire landing matting

rebuilt. New cinder walks and new drainage ditches were constructed over the entire Hospital site. The old set-up had been allowed to deteriorate; the old drains had not been maintained; the old walks were treacherously crooked, irregular and so narrow that a patient on crutches could not safely use them. Of equal importance was the development of a truck farm to supplement the canned rations with fresh vegetables. All these physical improvements were carried out by the Medical Detachment and the medical officers of the 18th General Hospital, thereby applying the engineering skills acquired in the construction of the Hospital in Fiji. The initiative, the resourcefulness and the industry of the outfit brought praise to the 18th General Hospital, but remarks in this category Advance Section Three gave no explanation for their indifference to the 18th General Hospital. Finally, on 8 February 1945, Major General Frank Merrill, Deputy Commander of the India-Burma Theatre, unexpectedly inspected the Hospital. He was greatly impressed by the improvements made in the Staging Area since he and his Marauders had been stationed at Ledo, but his greatest interest lay in the misuse of the Hospital, its empty wards and its personnel long overdue for rotation. Not more than two hours after General Merrill's visit, after his conferring with the Base Surgeon, he announced that the 18th General Hospital would be given the new permanent situation at Myitkyina, Burma, where construction of a one thousand bed hospital had just started and which had

allegedly not been assigned to any outfit. Moreover, General Merrill took with him the Hospital's Commanding Officer, Lieutenant Colonel Graham, and two other ranking officers, to inspect the new site and the hospital plans at Myitkyina, proceeding from there to the headquarters of Lieutenant General Dan Sultan, Theatre Commander, at Bhamo on the Irrawaddy River, Burma, for a discussion not only of the move to Myitkyina but for sanction for the immediate rotation of all eligible personnel who should so elect relief from continued overseas service in the India-Burma Theatre.

Conditions in the Assam jungle were primitive. The nurses lived in tents, used discarded packing cases for bureaus and their steel helmets for their ablutions

Following General Merrill's visit the remaining original members of the 18th General Hospital were given the choice of rotation to the United States for assignment in the Zone of the Interior or a leave of thirty days in the United States with subsequent return to their original position. For the majority the decision was not difficult because by now it was apparent that the war in Burma was nearing an end, as little Japanese resistance was offered in the campaign at Bhamo, just completed, and the enemy were withdrawing their troops for deployment to major fronts. The American casualty rate at Bhamo was practically nil. It thus appeared that there would be relatively little medical work in the India-Burma Theatre and medically trained personnel could probably be of greater usefulness in the continental United States. Obviously the desire to get home after nearly three years of uninterrupted foreign service was an important but not entirely the deciding consideration. Three Hopkins nurses and eleven enlisted men elected to take leave in lieu of rotation. Officers, nurses and enlisted men from the 172nd General Hospital, most recent arrivals at Ledo

and unassigned, were sent to the 18th General Hospital for detached service in order to keep the Hospital functioning. As a further result of the stimulus of General Merrill's visit, the Base Surgeon began to direct admissions to the Hospital so that the census climbed by approximately twenty-five patients daily to reach its peak daily load of three hundred and eighty-eight; most of the admissions were convalescent patients transferred from evacuation and field hospitals, the patients requiring only convalescent care. Actually this false boom of activity lasted only a week and the Hospital settled into its previous state of inactivity.

Travel orders for twenty-three officers, thirty-four nurses and two hundred and twenty enlisted men came on 21 February 1945. Four nurses and two officers proceeded by rail and water transportation, the remainder flew by The Army Transport Command from the Ledo Airbase to the United States. Colonel Graham, Commanding Officer, two of his ranking officers, the principal chief nurse and her two assistant chief nurses had to remain until satisfactory replacements for them had arrived and the exchange of command could be accomplished. On 12 March 1945, these remaining officers and nurses, original members of the Johns Hopkins Hospital Affiliated Unit, were relieved of their duties with the 18th General Hospital and departed from Advance Section Three of the India-Burma Theatre on 22 March 1945. With their departure the 18th General Hospital lost its Hopkins identity, though the move to Myitkyina proceeded according to General Merrill's plan. The Hospital functioned in Burma from 16 April 1945 until 5 October 1945 when it was officially closed and deactivated.

For nearly three years the 18th General Hospital had been in essence a Johns Hopkins Unit. It was one of the first general hospitals in the Pacific and it received casualties from the Solomons Campaign, the first American offensive in World War II. Its commanding officers and the majority of its professional staff had been Hopkins products. Together they had functioned smoothly. Their assignments had not been their choice, yet they realized this was only one of the misfortunes of war. They regretted that their abilities could not have been put to greater usefulness. Nevertheless, the service that was rendered was entirely in accordance with military orders received, all of it was "Line of Duty—Yes".